

# FEDERAL WAGE SYSTEM - ESTABLISHMENT INFORMATION

Form Approved  
OMB No. 3206-0036  
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The public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (3206-0036). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.**

<b>1. ESTABLISHMENT NAME AND ADDRESS</b> <i>(Include Apartment or Suite Number and 9-digit ZIP Code)</i>					<b>2. WAGE AREA</b>				
					<b>3. DATE OF CONTACT</b> (YYYYMMDD)		<b>4. TELEPHONE NUMBER</b> <i>(Include Area Code and Extension)</i>		
<b>5. NAME AND TITLE OF PERSON(S) INTERVIEWED</b>					<b>6. PRODUCT OR SERVICE OF ESTABLISHMENT</b>				
					<b>a. MAJOR INDUSTRY</b>				
					<b>b. SPECIFIC PRODUCTS OR SERVICES</b>				
<b>7. AREA CODE</b>		<b>8. ESTABLISHMENT CODE</b>		<b>9. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE</b>		<b>10. ESTABLISHMENT WEIGHT</b>			
<b>11. TOTAL NUMBER EMPLOYEES IN ESTABLISHMENT</b>		<b>12. TOTAL NUMBER BLUE-COLLAR EMPLOYEES</b>		<b>13. OVERTIME PAY PROVISIONS</b>					
				<b>DAILY</b>		<b>WEEKLY</b>		<b>SUNDAY</b>	<b>HOLIDAY</b>
				<b>RATE</b>	<b>HOURS</b>	<b>RATE</b>	<b>HOURS</b>	<b>RATE</b>	<b>RATE</b>
<b>14. NUMBER OF HOURS IN NORMAL WORKWEEK</b>		<b>15. MONTH GENERAL WAGE ADJUSTMENTS ARE NORMALLY EFFECTIVE</b> 99 = NO SET MONTH 1 = JANUARY ETC.		<b>16. CONTRACT OBTAINED (X one)</b>			<b>17. NON-PAR CODE</b>		
				<input type="checkbox"/> YES					
				<input type="checkbox"/> NO					
				<input type="checkbox"/> RATE SHEET					
<b>18. GENERAL WAGE ADJUSTMENTS</b>					<b>19. ADDITIONAL PAY ELEMENTS</b> <i>(Explain in Remarks)</i>				
<b>a. DATE</b> (YYYYMMDD)	<b>b. AMOUNT</b>	<b>c. INCREASE/DECREASE</b> <i>(Enter I or D)</i>	<b>d. INCLUDED IN RATES (X one)</b>		<input type="checkbox"/> <b>a. BONUS</b>		<input type="checkbox"/> <b>b. LUMP SUM</b>		<input type="checkbox"/> <b>c. INCENTIVE</b>
			<b>YES</b>	<b>NO</b>					
					<b>20. COST OF LIVING ALLOWANCE (COLA)</b>				
					<b>a. COLA FORMULA</b>				
					= 1c				
					<b>b. BASE PERIOD</b> (        ) 1967 = 100 (        ) 1982-84 = 100		<b>d. PAY ON</b>		<b>e. USING CONSUMER PRICE INDEX (CPI) FOR</b>
					<b>c. INDEX</b> (        ) CPI - U (        ) CPI - W				
<b>21. COLA TIED DIRECTLY TO CPI</b>		<b>b. DATE AND AMOUNT OF ADJUSTMENTS</b>					<b>c. FOLD-IN</b>		<b>d. CARRY-OVER</b>
<b>YES</b>	<b>a. TOTAL AMOUNT BEING PAID</b>		<b>DATE</b>						
<b>NO</b>			<b>AMOUNT</b>						
<b>22. REMARKS</b>									
<b>23. PRINTED NAME AND SIGNATURE</b>					<b>24. PRINTED NAME AND SIGNATURE</b>				
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